



State of New Hampshire  
Board of Pharmacy  
121 South Fruit Street  
Concord, NH 03301-2412  
Tel.: (603) 271-2350 Fax: (603) 271-2856  
Website: www.nh.gov/pharmacy/

REGISTRATION FEE:  
**\$25.00**  
NO CASH – CHECK OR MONEY  
ORDER PAYABLE TO:  
*Treasurer, State of New Hampshire*

## PHARMACY TECHNICIAN REGISTRATION FORM

*April 1, 2014 – March 31, 2015 Registration Period*

ALL SECTIONS MUST BE COMPLETED.

PRINT CLEARLY - ILLEGIBLE, OUT-DATED, COPIED, OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

### 1. GENERAL INFORMATION

Applicant's Name		First	Middle	Last
Mailing Address				
City	State	Zip Code	Home Phone ( )	Date of Birth (MM/DD/YY) / /
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number		Are You <u>Currently Certified</u> By The <i>National Pharmacy Technician Certification Board</i> (PTCB) or by the <i>Institute for the Certification of Pharmacy Technicians</i> (ICPT)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address:				
Have you ever been known under any other name (i.e. Maiden Name)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list:				

### 2. CURRENT PHARMACY EMPLOYMENT

Name of Pharmacy Where You Are Currently Employed (If not currently employed in a pharmacy, write "Not Currently Employed")	Month & Year You Started Employment At This Pharmacy In The Pharmacy Dept. /
Complete Address of Pharmacy	

### 3. REGISTRATION / LICENSURE AS A PHARMACY TECHNICIAN

Are you now or have you ever been registered or licensed as a pharmacy technician in NH or any other state? ☐ Yes\* ☐ No  
\*If yes, indicate which state(s), and whether or not the registration/licensure is current. \_\_\_\_\_

### 4. CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS - ALL QUESTIONS MUST BE ANSWERED.

• Have you ever been convicted, fined, disciplined or had your registration/certification/license revoked for violation of pharmacy-related drug laws/regulations in this or any other state?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	* If Yes, Attach Explanation.
• Are you presently charged with violations of pharmacy-related drug laws/regulations in this or any other state?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	* If Yes, Attach Explanation.
• Have you ever been charged or convicted of a felony as defined under any state or federal law?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	* If Yes, Attach Explanation.
• Have you ever voluntarily surrendered your pharmacy technician registration for disciplinary reasons in this or any other state or jurisdiction?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	* If Yes, Attach Explanation.

Please explain each yes answer (additional information may be listed on back)

### 5. APPLICANT'S STATEMENT

I certify that I am the person described and identified in this application; that I have read Ph 800 of the NH Code of Administrative Rules, available at each licensed pharmacy and online at [http://www.nh.gov/pharmacy/laws/tech\\_rules.htm](http://www.nh.gov/pharmacy/laws/tech_rules.htm) and that I have answered all questions truthfully and completely. Should I furnish any false or misleading information on this application, I hereby understand that such an act shall constitute cause for the denial or revocation of my registration as a pharmacy technician in the State of New Hampshire.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

INCOMPLETE APPLICATIONS OR APPLICATIONS WITHOUT PAYMENT WILL NOT BE ACCEPTED.  
YOUR 2014-2015 REGISTRATION CERTIFICATE WILL BE MAILED TO YOU WITHIN 3 WEEKS OF RECEIPT OF YOUR COMPLETED APPLICATION.